

Home Health Certification and Plan of Care				Order ID: 1163/834	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
121001636		02/23/2026		From: 02/23/2026 To: 04/23/2026	
4. Medical Record No.		5. Provider No.			
1112		497754			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Taris Mullins 6846 Sigfield Ct, MANASSAS, VA 20112- 703-791-3969			Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009		
8. DOB 03/09/1957 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD	Principal Diagnosis	Date	Cozaar - Losartan Potassium 50 mg 1 Tablet by mouth twice a day HTN		
S76.111D	Strain of right quadriceps muscle fascia and tendon subs	02/23/26	Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
13. ICD	Other Pertinent Diagnoses	Date	Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide:		
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	02/23/26	Pyridox 0 1,000 units/tablet by mouth once a day		
E11.9	Type 2 diabetes mellitus without complications	02/23/26	Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5 mg by mouth		
N18.9	Chronic kidney disease u	02/23/26	every 4 hours Severe pain		
E78.5	Hyperlipidemia unspecified	02/23/26	Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
I70.0	Atherosclerosis of aorta	02/23/26	Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide:		
E03.9	Hypothyroidism unspecified	02/23/26	Pyridox 0 0.4 mg-300 mcg- 250 mcg 1 tablet by mouth once a day		
J45.909	Unspecified asthma uncomplicated	02/23/26	Supplement		
Z79.82	Long term (current) use of aspirin	02/23/26	Melatonin - Melatonin 10 mg Oral at bedtime as needed insomnia		
Z79.4	Long term (current) use of insulin	02/23/26	Tylenol - Acetaminophen 500 mg / 2 tablets by mouth every 6 hours Take 2		
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/23/26	tablets (1,000 mg total) by mouth every 6 (six) hours if needed for mild pain		
Z91.81	History of falling	02/23/26	or moderate		
			pain for up to 10 days		
			Aspirin 81Mg - Aspirin 0 81mg EC / 1 Tablet by mouth twice a day Chew 1		
			tablet (81 mg total) in the morning and 1 tablet (81 mg total) before		
			bedtime. Do all this for 28		
			days.		
			Lasix - Furosemide 0 40 mg / 1 tablet by mouth every other day Take 1		
			tablet (40 mg total) by mouth every other day		
			Ventolin Hfa - Albuterol Sulfate 90 mcg/actuation inhalation HFAA inhalant		
			every 4 hours 2 puffs inhalation every 4 hours as needed		
			Lipitor - Atorvastatin Calcium 40 mg / 1 tablet by mouth once a day Take 1		
			tablet (40 mg total) by mouth 1 (one) time each day		
			Catapres - Clonidine Hydrochloride 0.3 mg / 1 tablet by mouth twice a day		
			Take 1 tablet (0.3 mg total) by mouth in the morning and 1 tablet (0.3 mg		
			total) before bedtime.		
			Novolin N - Insulin Susp Isophane Semisynthetic Purified Human 100 units/ml		
			subcutaneous twice a day Inject 30 Units under the skin in the morning and		
			30 Units before bedtime.		
			Levothyroid - Levothyroxine Sodium 175 mcg / 1 tablet by mouth in the		
			morning every morning before a meal		
			Zyloprim - Allopurinol 100 mg / 1 tablet by mouth once a day daily for gout		
			Protonix - Pantoprazole Sodium 40 mg / 1 tablet by mouth once a day daily		
			Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4 mg 1 Tablet by mouth at		
			bedtime BPH		
14. DME and Supplies:			15. Safety Measures:		
wheelchair, walker, , bath bench			wheelchair precautions, walker precautions, supervision at all times, , ,		
			ambulates with device		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Walker, Wheelchair, Up As Tolerated		
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0.					
Psychosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Strain Of Right Quadriceps Muscle, Fascia And Tendon, Subsequent Encounter, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.					
Clinical Condition Requiring Homecare: <div>The patient is a 68-year-old African American male who presented to the hospital following a fall with associated injury and subsequently underwent surgical intervention. He resides in a single-story home with his wife and family; his wife is the primary caregiver and was present during the nursing visit. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, and time (also documented as oriented x4) with intact neurological findings including facial symmetry, equal and strong bilateral hand grasps, and pupils reactive to light. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed posterior lung fields clear to auscultation with no use of accessory muscles. The abdomen was noted to be distended yet soft and non-tender with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder. The patient is status post fall-related surgery and is currently wearing a right lower extremity brace. During the visit, he refused to bear weight on the right leg; mobility status is primarily wheelchair-dependent, with use of a walker for pivot transfers. He requires moderate assistance with mobility and self-care and was noted to be suspicious/guarded regarding the visit. Bilateral lower extremity pitting edema was present; education was provided to elevate the legs as tolerated to assist with swelling management.					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 02/23/2026					
24. Physician's Name and Address			26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.		
Olakunle Abisuga 14139 Potomac Mills Road Woodbridge, VA 22192 PHONE: 7034908400 FAX: 17034907635 NPI: 1841358835			F2F date : 02/17/2026		
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face			28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		
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The patient denied pain at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Safety and adaptive equipment recommendations were reviewed. It was recommended that grab bars be installed to improve safety during shower transfers. A sock aid and reacher were also recommended to promote increased independence with lower-body dressing. The wife will continue assisting with lower-body dressing due to the patient's weight-bearing-as-tolerated (WBAT) status and limited active range of motion of the right lower extremity. The plan of care includes continued monitoring of post-surgical recovery, brace compliance and skin integrity, mobility and transfer safety, edema management, and ongoing patient/caregiver education with reinforcement of fall prevention strategies and safe use of recommended durable medical equipment/adaptive devices. Date of Order 02/23/2026 Orders Physician Face-to-Face Date: 02/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Strain Of Right Quadriceps Muscle, Fascia And Tendon, Subsequent Encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Abisuga, Olakunle					
SN Careplans			SN Goals		
SN WK1: 1 (02/23/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26)			PATIENT-STATED GOAL: I want to get back on my feet		
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications			* lifestyle modifications to manage respiratory condition including		
STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds			* diet changes and regular exercise		
Advance Directive:No Advance Directive			* strategies to control shortness of breath		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, swelling in legs/around eyes, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength			* home remedies to keep lungs healthy		
PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, apply anti-embolitic stockings, physician-ordered wound care: No wound care order at this time, glucose testing via monitor: Monitor Blood sugar, coordinate/arrange preparation of missing meals: Wife managed			* recalls related medication(s) purpose, schedule		
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals			patient/caregiver recalls		
			* strategies to increase caloric intake		
			* recalls related medication(s) purpose, schedule		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			meal preparation is available to patient for all meals		
OT Careplans			OT Goals		
OT WK1: 1 (02/23/26-02/28/26)			PATIENT-STATED GOAL: OT evaluation only		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, , GG0130A1 - Eating, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns			GOALS		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training			Chair to Bed to Chair - 06. Independent		
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent			Toilet Transfer - 06. Independent		
			Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance		
			1 - Step (curb) - 05. Setup or clean-up assistance		
			Shower/Bathe Self - 05. Setup or clean-up assistance		
			patient/caregiver recalls		
			* lifestyle modifications to manage respiratory condition including		
			* diet changes and regular exercise		
			* strategies to control shortness of breath		
			* home remedies to keep lungs healthy		
			* recalls related medication(s) purpose, schedule		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			Walk 10 Feet - 05. Setup or clean-up assistance		
			Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance		
			Walk 150 Feet - 05. Setup or clean-up assistance		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			02/23/2026		

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		Walk 100 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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